

First Baptist Academy  
2700 N. Palm Ave.  
Cooper City, FL 33026  
954-404-7706

## Medical Release Form & Information Sheet 2016-2017 School Year

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship: \_\_\_\_\_

This release form is completed and signed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, in my absence.

\_\_\_\_\_  
Signature of Parent or Guardian

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Ins. Co. Name: \_\_\_\_\_ Policy# \_\_\_\_\_ Phone \_\_\_\_\_

Is the child's health such that he is able to participate in a regular school program, including all activities in the curriculum such as physical education, recess and classroom activities of an active nature? \_\_\_\_\_

If not, please indicate the limitations: \_\_\_\_\_

\_\_\_\_\_  
Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_